

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 181

Office of Registrar of Vital Statistics.

Ward

184

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd / 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marcelina Jackson
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 59 Years, 2 Months, 0 Days.
Color, Light brown
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow
Occupation, Cook
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore city
Duration of Residence in the City of Baltimore, 59 years
Place of Death, { Give Street and Number. } No 1128 Russell st
Cause of Death, { First (Primary), Unknown
Second (Immediate), Heart Dropsy
Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, June 5 1887
{ Undertaker, Hercules Moss } Benj. F. Bohner M. D.
Place of Business, 404 Con Way Address, cor Mulberry & Green
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 182 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 3, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Allen Ric Lambert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 2 Months, ✓ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Believing ton Del.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Believing ton Del.

Duration of Residence in the City of Baltimore, 2 weeks.

Place of Death, { Give Street and Number. } 1209 S. Eutan St.

Cause of Death, { First (Primary), Second (Immediate), } Congestion of Liver

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 5, 1887

Undertaker, Allen Lambert H. H. Goodman M. D. Medical Attendant.

Place of Business, 1209 S. Eutan St. Address, 1335 W. Lombard St.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 183 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Quinn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, — Months, — Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Dress Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 1016 Linden Ave

Cause of Death, { First (Primary), Second (Immediate) } Organ - Heart Disease & Tuberculosis

Duration of Last Sickness, Conjestion of left lung, and general prostration, two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Methodist Church of Phthor

Date of Burial, June 6/87

Undertaker, C. J. Sciven } William Lee M. D. Medical Attendant.

Place of Business, 925 Madison Ave } Address, 339 N. Eutaw

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

Permit No. A 184 Office of Registrar of Vital Statistics. Ward 9

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CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Meddley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 0 Years, 2 Months, 7 Days

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Nil

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 202 Sharp St. Alley

Cause of Death, { First (Primary), Second (Immediate), } Tuberculous Meningitis
Asthenia

Duration of Last Sickness, About 3 weeks

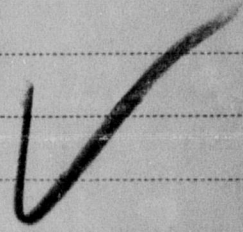
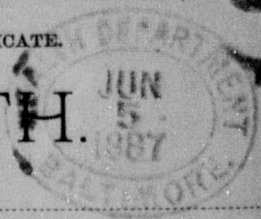
All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, June 5 1887

{ Undertaker, Marguerite Rye } Eugene F. Cordell M. D. Medical Attendant.

{ Place of Business, 102 Mulberry St } Address, 325 Oak Ave



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Health Department, City of Baltimore.

Permit No. A 185 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 4/87.

Full Name of Deceased, Archibald Burton {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 40 Years, 0 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, Balto. {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 295 S. Eutaw St.

Place of Death, Asthma {Give Street and Number.}

Cause of Death, Asthma {First (Primary), Second (Immediate),}

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, St. Peter Cemetery

Date of Burial, June 5 1887

{ Undertaker, Margaret A. Pye } M. D. C. S. B. B. B.

{ Place of Business, 107 Mulberry St. } Address, 672 Sharp St.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 186

Office of Registrar of Vital Statistics.

Ward 8

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CERTIFICATE OF DEATH.

Date of Death, June 3 - '87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 21 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cit

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Morton Alley, nr. Townsend St.

Cause of Death, { First (Primary), Acute Bronchitis }
{ Second (Immediate), _____ }

Duration of Last Sickness, 6-7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 5th 87

{ Undertaker, W. J. Gray }

{ Place of Business, 101 Myrtle }

Alexander Hill, M. D.

Medical Attendant.

Address, Coronet.

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Permit No. A 187

Office of Registrar of Vital Statistics.

Ward 17

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CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Reur

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 30 Years, 6 Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Balto

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 104 E. Cross St

Cause of Death, { First (Primary), Second (Immediate), } Palpular disease of Heart
Prostration

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons

Date of Burial, June 8

Undertaker, B. Reur

Place of Business, 115 West St Address, 418 S. Paca St

C. A. Budgen M. D.
Medical Attendant.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A 188

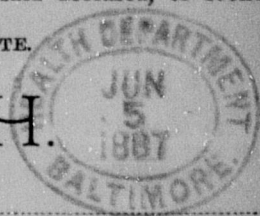
Office of Registrar of Vital Statistics.

Ward 5

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CERTIFICATE OF DEATH.



Date of Death, June 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Burton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, 7 Days

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 147 East St

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough
Consumption

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Almy & Co's

Date of Burial, June 5 1887

Undertaker, William Dinger

Place of Business, 150 East St

E. C. Balchman M. D.
Medical Attendant.

Address, 3042 Exeter St

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[OVER.]

No. 1189

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 189 Office of Registrar of Vital Statistics.

Ward 17

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CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887

Full Name of Deceased, Frederick Bohm
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cabinet-maker

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 10 years

Place of Death, 1616 Belknap
{ Give Street and Number. }

Cause of Death, Acute Bright's Disease
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. E. Luth. Cem

Date of Burial, June 5th 1887

Undertaker, H. Sander & Son

Place of Business, 708 Canton Address, 104 Fort an

D. A. Cooke M. D.
Medical Attendant.

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Health Department, City of Baltimore.

Permit No. A 190

Office of Registrar of Vital Statistics.

Ward 10

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CERTIFICATE OF DEATH.

Date of Death,

June 3^d 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas M. Brady,

Sex, Male ☒ Female ☐

{ Cross out the word not required in this line. }

Age,

3

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

during life

Place of Death,

{ Give Street and Number. }

314 N. Howard St.

Cause of Death,

{ First (Primary),

Leiphtheria

{ Second (Immediate),

Exhaustion

Duration of Last Sickness,

16 days

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

June 5 1887

Undertaker,

A. Roentgen

R. J. H. Tall, M. D.

Medical Attendant.

Place of Business,

61 Park Ave

Address, 15 E. Sharp St.

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[OVER.]